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ABSTRACT

Caregivers' expectancies and behaviors in relationship to young handicapped children were investigated in this paper. Two studies were conducted in an attempt to answer three questions: (1) How will caregivers respond to the young handicapped child? (2) Do the child's stimulus characteristics, such as physical appearance, create biases in caregivers' overall judgments of functional capabilities? (3) Can training change susceptibility to negative biases? The first study investigated responses of subjects to the facial characteristics of developmentally normal children, developmentally abnormal children, and children who had received craniofacial surgery. The 90 experimental subjects came equally from nursing, special education, and child development fields; 30 control subjects were used. Facial appearance of children systematically influenced the subjects' assesement of functional capabilities, whereas professional training made no meaningfu_ contribution to subjects' judgments regarding capabilities of unattractive and attractive children. The second study measured the generalizability of the results or Study 1 in a different setting, which was a facility for mentally retarded children whose fully trained staff had extended contact with the children. When staff rated a child high in appearance, they gave high ratings in nine other dimensions, including intelligence, social competence, and motor performance. Staff characteristics such as age, educational level, experience, general appearance, or work satisfaction were not associated with staff assessments of children. The authors discuss the implications of the findings and suggest that a carefully planned analysis of training effects be undertaken. (Author/DB)

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CHILDREN'S PHYSICAL APPEARANCE AND ADULT EXPECTATIONS

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INTRODUCTION

For all of us, our physical appearance is a partial determinant of the patterns of socialization we experience. Our physical appearance represents a specific set of cues that (a) set the occasion for certain behaviors from others, and (b) establish in the mind of others expectations for our behaviors.

Our attractiveness or unattractiveness, that socioculturally and historically relative valuing of our physical characteristics, serves as a mediator of our interactions with others. It sets the occasion for the behaviors and expectations of others. For us, or for children, a deviant physiognomy or facial appearance may set the occasion for dysfunctional behavior patterns from others and create an expectancy of low achievement, poor adjustment and limited social competence. Similarly, as we react to the physical appearance of others, we adapt our behaviors and expectations to their looks.

The current emphasis on "mainstreaming" handicapped children and providing them with the least restrictive environment for development has the potential for greatly expanding each handicapped child's social world. Efforts to enhance the child's spectrum of life means the child is likely to come into contact with more people in general, and more professional service providing groups specifically. Included within the service provider groups are medical and health care professionals, special educators, child care workers, early childhood educators and other child development specialists.

While it is usual to question whether young handicapped children are ready for their expanding social world, it is equally important to question whether the professionals with whom they will have contact will be ready for them. If such professionals hold biases against the handicapped child or have negative expectancies about the child's development, the outcome of their interactions could be detrimental. Negative expectancies that lead to a self-fulfilling prophecy of low achievement, poor adjustment, and limited social competence for visibly impaired children need to be avoided if educational mainstreaming is to succeed.

For many professional groups prior experience with young handicapped children has been very limited. The questions, then, arise: "How will these professionals respond to the child?"; "Do the child's stimulus characteristics, such as physical appearance, create biases in caregivers' overall judgments of functional capabilities?"; and "Can training change the susceptibility to negative biases?". Answers to these questions are necessary if one is to describe the expectancy conditions that may be instrumental in influencing the caregivers' behavior.

In this paper, we will report on two studies that attempt to get at the answers to these questions.

STUDY 1

The first study was essentially one of "receptive communication". In designing it, we assumed that when working with young children, there are facial appearance characteristics that are diagnostically important

and others that have no direct relationship to development, though they may be preferred or devalued. Diagnosticians have a long history of utilizing the face of the child, among other indices, for purposes of health and/or developmental assessment. Indicators of genetic and/or environmental anomalies may be apparent in the facial configuration that are important for the diagnosis of current or potential problems in development. As such, child care professionals need to be sensitive to their existence and meaning. Further, it was assumed that such "sensitivity" is learned as a part of professional preparation. As such some professional groups would be more accurate in the reception of facial communcation than others. The well-trained professional would, we thought, be able to sort out the diagnostically important characteristics and set behavior and expectations in accordance with them. The less well-trained person would be more likely to react to an overall impression of the "attractiveness or unattractiveness" and, hence, would be less accurate in setting expectations. Inaccuracies of this type would result in lower expectations for unattractive but developmentally normal children and higher expectations for attractive children whose facial characteristics, nonetheless, suggested a prognosis of severe dysfunction. In particular, the study compared the functional capability rating of slides of children's face pictures made by three groups of child care professional-in-training and a comparison group of non-child care professionals. The slides had been selected and pretested to, as nearly as possible, made the dimensions of "diagnostic loading" and "attractiveness" orthogonal.

Methods

Subjects. The subjects of the study were 90 graduate and undergraduate students selected from volunteers enrolled in three types of child care programs: 30 each from special education, nursing, and child development. A comparison group of 30 undergraduate and graduate students enrolled in non-child care training majors were also included.

Procedures. Thirty photographic slides, all of good quality and of equivalent photographic content, were selected from clinical and nonclinical sources. The slides represented three experimental conditions: (a) developmentally normal children; (b) developmentally abnormal children; and (c) children who had been craniofacial surgical patients. The slides in conditions (a) and (b) were selected from a larger pool of slides that were independently rated for attractiveness. For condition (c), the slides represented pre and post-operative photographs of the same child. The final set of stimulus materials represented five slides each of attractive/developmentally normal, unattractive/developmentally normal, attractive/developmentally abnormal, unattractive/developmentally abnormal, pre-operative, and post-operative children. Each subject was informed that the nature of the investigation was to ascertain individual differences in skills of observation. The slide photographs of children's faces were shown (approximately 45 seconds per slide) and each subject was instructed to observe the face and formulate and record a judgment of the functional capability of the child.

Results

The data were treated as a one-way analysis of variance with repeated measures (4 levels of professional preparation with repeated measures on attractiveness X functional capability factors). In each of three replications, developmentally normal, developmentally abnormal, and pre/post craniofacial surgery, the between-subjects factor of professional preparation yielded no-significant ($p < .05$) F ratios as did the interaction of preparation X appearance. For all three replications, there was a significant appearance effect and a significant interaction of appearance and capability factors ($p < .01$). Post hoc analyses of the appearance X capability factors using the Tukey WSD post hoc analysis procedures indicated differences in capabilities scores for attractive and unattractive children in each replication but a somewhat different pattern of differences across replications. These inter-competence differences suggested that ratings were made differentially and that the comparisons were not made on the basis of a unitary construct.

General findings of the study may be summarized as follows:

1) There was a significant relationship between facial appearance and assessments of functional capability given by all pre-service child care workers.
2) Children with unattractive facial appearance were consistently given lower ratings than children with attractive facial appearance.
3) There were significant differences between various functional capability scores for attractive and unattractive children.
4) There was no evidence that the effects of professional preparation made any meaningful contribution to the judgments

of capability of attractive and unattractive children.

STUDY 2

Study 2 was conducted to determine the generalizability of the results of Study 1 to a situation involving real children and a fully trained staff that had had extended contact with those children.

Methods

Sample. The sample consisted of all child care workers in residential home for retarded handicapped children (N=19). Seven of the workers were male; twelve female. Their median age was 28 years. The majority had from one to five years of experience in child care work.

Measures. Each of the child care workers was asked to select four children in their care and to rate them using the Child Comparison Instrument. This instrument yielded ratings on ten dimensions: intelligence, appearance, school achievement, motor performance, social competence, emotional stability, physical coordination, health, athletic ability, and personality. Each worker was also asked to rate the children on their progress while at the home. Information on the selected children's chronological age, sex, length of residence, measured IQ, and nature of handicap was obtained from institutional records.

Finally, each staff member was asked to complete a brief background questionnaire (age, sex, educational level, major, and length of experience) and to rate themselves on ten dimensions: intelligence, general appearance, academic performance, work satisfaction, skills with children, interpersonal effectiveness, assertiveness, self-confidence, flexibility, and personality.

Results

Analyses of the data might be summarized as follows:

1) The inter-relationships of all ratings on the Child Comparison Scale were all positive (r = .06 to r = .75) and all but four of the correlations were significant at the .05 level. These correlations indicate that staff members rated the children in their charge globally. Children rated high in appearance were rated high in all other dimensions.
2) Children rated high on the ten Child Comparison Scale dimensions were rated as making a high level of progress at the institution.
3) Children's total score (summated rating) on the Child Comparison Scale was uncorrelated with the children's measured IQ (range 30-88), chronological age (range 6-20 years) or length of residence.
4) Neither the staff member self-ratings nor actual characteristics were highly predictive of children's ratings. The only consistent finding was that female workers rated children significantly lower on motor performance, physical coordination and intelligence than did male workers.

DISCUSSION

In the field of child care, professionals utilize their observation skills combined with other techniques, to formulate their opinions, "objective" assessments, or expectations for the child. What one sees provides the basis for how one responds in diagnostic and professional

activities. Physical appearance plays a significant part in shaping the professional's impression. Attractiveness and unattractiveness are potent elicitors of predictable impressions.

The results of both studies provided no indication that professional preparation made any significant difference in pre-service or in-service child care workers' observational skills, or in their ability to discriminate diagnostic cues from global appearance characteristics. In Study 1, the higher preparation level subjects did not differ from the lower preparation subjects for any of the functional capability scores of attractive and unattractive children. In Study 2, neither education level nor length of experience was predictive of staff members' ratings of real children's capabilities. More importantly, in Study 1, appearance clearly weighed more in judgments than did the diagnostic cues even for slides that were chosen because they were clear-cut clinical representatives of specific syndromes. In Study 2, staff members' appearance ratings for the children were better predictors of all other functional capability ratings - and assessments of child progress - than were psychologically assessed intelligence test scores taken from the children's records. It would appear that the child care professionals simply were not sensitive readers of physical characteristics.

Taken together, the results of the two studies provide convincing evidence of the power of the global stimulus characteristic of physical appearance in setting the expectations caregivers hold for children. The child who has an impairment that is dysfunctional in a particular environment is handicapped. The child who has an impairment that is

dysfunctional in a particular environment and whose impairment is accompanied by physical characteristics that are considered unattractive is doubly handicapped.

It is not possible to say from these data that programs providing highly specialized training in assessment of exceptional children would have no effect. One would expect that training would make a difference in one's ability to discriminate important from unaesthetic stigmata in diagnosing dysfunctional conditions and in setting expectations for performance. The training variables used here were neither controlled nor documented and could only be assumed to be appropriate based upon the criteria listed for the selection of subjects. Further, the students selected as subjects in Study 1 did not represent the highest level of professional expertise that exists in these professional areas - though they were probably pretty typical of pre-service trainees. The subjects for Study 2 were representative of residential child care workers.

The limitation of the training variables for these studies would suggest that a carefully planned analysis of training effects should be undertaken to establish whether or not specialized training in objective assessment could make a difference in judgments of performance. Under experimental conditions, the specific observation skills could be taught in an experimental and control group design. Subsequent assessments of functional capability ratings would provide a more direct test of the hypothesis.

With the trend toward mainstreaming, the integrated settings of

handicapped and nonhandicapped children will provide child care workers with a wider range of physical and physiognomic variation.

Professionals in child care service need to be aware of their automatic negative predictions for those individuals who may possess deviant physical traits. Reactions to physical stigmata are rarely hidden. Children are well aware of their differences by the responses they evoke in others which may unfortunately interfere with their own development.